

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification Name _____ Street _____ City _____ Borough _____ State _____ Zip _____ SIC Code _____ Dun & Brad Number _____			Owner/Operator Name Name _____ Phone () _____ Mail Address _____																											
	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> FOR OFFICIAL USE ONLY </div> <div> ID # _____ Date Received _____ </div> </div>			Emergency Contact Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____ Name _____ Title _____ Phone () _____ 24 Hr. Phone () _____																											
<i>Important: Read all instructions before completing form</i>			Reporting Period From January 1 to December 31, 20 ____		<input type="checkbox"/> Check if information below is identical to the information submitted last year.																										
Chemical Description	Physical and Health Hazards <i>(check all that apply)</i>	Inventory		<div style="display: flex; justify-content: space-around;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Container Type</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Pressure</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Temperature</div> </div>	Storage Codes and Locations (Non-Confidential) <i>Storage Locations</i>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Optional</div>																									
CAS _____ Trade Secret _____ Chem. Name _____ Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">GAL/LBS</th> <th style="width:50%;">CODE</th> </tr> </thead> <tbody> <tr> <td>Max. Daily Amount</td> <td></td> </tr> <tr> <td>Avg. Daily Amount</td> <td></td> </tr> <tr> <td>Max. Amt. Per Container</td> <td></td> </tr> <tr> <td>No. of Days On-site (days)</td> <td></td> </tr> </tbody> </table>		GAL/LBS	CODE	Max. Daily Amount		Avg. Daily Amount		Max. Amt. Per Container		No. of Days On-site (days)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:50px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:50px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:50px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:50px;"></td></tr> </table>																	<input type="checkbox"/>
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Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.					Optional Attachments <input type="checkbox"/> I have attached a site plan <input type="checkbox"/> I have attached a list of site coordinate abbreviations <input type="checkbox"/> I have attached a description of dikes and other safeguards measures																										
Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed _____																															

